



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

COPY

C. L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888

March 11, 2010

Michael Day  
Independent Living Services Milclay  
P.O. Box 6395  
Boise, ID 83711

RE: Independent Living Services Milclay, provider #13G011

Dear Mr. Day:

This is to advise you of the findings of the Medicaid/Licensure survey of Independent Living Services Milclay, which was conducted on March 11, 2010.

Enclosed is your copy of the Statement of Deficiencies/Plan of Correction Form CMS-2567, which states that no deficiencies were noted at the time of the survey.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,

*M. Case by mlw*  
MICHAEL A. CASE  
Health Facility Surveyor  
Non-Long Term Care

*Nicole Wisenor*  
NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

MC/mlw  
Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/11/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>INDEPENDENT LIVING SERVICES MILCLAY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>10528 MILCLAY STREET BOISE, ID 83704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	<b>INITIAL COMMENTS</b>  Independent Living Services - Summerwind, is in compliance with the requirements of 42 CFR 483 Subpart I, Conditions of Participation: Intermediate Care Facilities for Persons with Mental Retardation,  The survey was conducted by: Michael Case, LSW, QMRP Trish O'Hara, RN Jim Troutfetter, QMRP	W 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/11/2010</b>
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M 000	<p>16.03.11 Initial Comments</p> <p>Independent Living Services - Milclay, is in compliance with the requirements of Idaho Department of Health and Welfare Rules, Title 03, Chapter 11, "Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF/MR)."</p> <p>The survey was conducted by: Michael Case, LSW, QMRP Trish O'Hara, RN Jim Troutfetter, QMRP</p>	M 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

5599

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If continuation sheet 1 of 1



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HEALTH & WELFARE

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March 11, 2010

Michael Day  
Independent Living Services Milclay  
P.O. Box 6395  
Boise, ID 83711

Provider #13G011

Dear Mr. Day:

On **March 11, 2010**, a complaint survey was conducted at Independent Living Services Milclay. The complaint allegations, findings, and conclusions are as follows:

**Complaint #ID00004560**

**Allegation:** Individuals are subjected to physical abuse and neglect by the staff working at the facility, and management staff do not intervene.

**Findings:** An unannounced, on-site complaint investigation was conducted from 3/10/10 - 3/11/10. During that time, an unannounced annual recertification survey was already in process, and record review, staff interview, and environmental assessment were completed with the following results:

The facility's Accident/Injury and Illness forms from 9/09 - 3/8/10 were reviewed. None of the forms documented concerns of potential abuse or neglect. The facility had conducted two formal investigations regarding potential abuse and neglect in the past year.

The first formal investigation for potential neglect was conducted in October 2009 due to an individual receiving injuries during severe seizure activity. The incident documented no staff neglect was determined.

The second formal investigation for potential abuse and neglect was initiated by the facility on 3/9/10 due to an anonymous letter received by the Administrator that alleged an un-named staff member was physically abusive towards the individuals in the facility, neglected the individuals while smoking, using her cell phone, and having visitors at the facility, and caused the facility to smell like cigarette smoke. The investigation was completed by the facility on 3/10/10 and found unsubstantiated based on the following:

- All four direct care staff were interviewed by the facility and provided written statements. No current direct care staff had any knowledge of a staff member being abusive or neglectful towards any individual residing in the facility.
- The facility interviewed three former direct care staff. None of the former employee's had any knowledge of a staff member being abusive or neglectful towards any individual residing in the facility.
- The facility interviewed the neighbor living next to the facility. The neighbor had no knowledge of a staff member being abusive or neglectful towards any individual residing in the facility.
- The facility reviewed all Accident/Injury and Illness forms and could identify no concerns of abuse or neglect.
- Because the anonymous letter implicated a staff that smoked, the facility reviewed the performance evaluation of the one direct care staff that was a smoker. No indications of concern were noted. Additionally, the management staff for the facility and the parent company completes random, unannounced "fidelity" checks (the facility's quality assurance observation process) at the facility. Those documents were reviewed and indicated no concerns.

During the course of the annual recertification survey and complaint survey observations were conducted at the facility on 3/8/10 from 3:00 - 3:50 p.m. and 5:30 - 6:25 p.m., and on 3/9/10 from 6:25 - 7:30 a.m. During those times there was no evidence of smoking or cigarette smoke smell in the facility. Additionally, none of the individuals were observed to smell like cigarette smoke or show any visible indicators of abuse.

An environmental assessment of the facility was conducted on 3/9/10 from 1:00 - 1:35 p.m. During that time, there was no evidence of smoking on the facility property.

Two of the facility's four direct care staff were interviewed on 3/10/10 between 2:10 - 2:30 p.m. Both direct care staff stated they had no knowledge of any staff being abusive or neglectful towards any individual residing in the facility. Both direct care staff stated they were aware of the facility policy's for smoking, cell phone use, and supervision of individuals. Both direct care staff stated they were not aware of any violations of these policies. Additionally, both direct care staff stated they had worked with other direct care staff at the facility and had not noted any concerns with abuse and neglect.

The facility's Supervisor was interviewed on 3/10/10 from 2:30 - 2:35 p.m. The Supervisor denied any concerns with regards to direct care staff being abusive or neglectful towards any individual residing at the facility. Additionally, the Supervisor denied anyone reporting issues of concern regarding issues of abuse or neglect.

The facility's Administrator and Program Director were interviewed on 3/10/10 from 2:45 - 3:00 p.m. Both stated they had no indications or concerns of abuse or neglect from any staff member working at the facility. Both stated they could find no evidence to support the allegations made in the anonymous letter received by the facility.

Three individuals' medical records were reviewed. No concerns related to abuse or neglect were noted in the medical records.

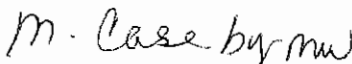
Additionally, one individual's parent/guardian was interviewed on 3/10/10 at 7:50 p.m. The guardian stated he visited the facility on a frequent basis and had no concerns with regards to abuse or neglect from any staff working at the facility.


Therefore, due to a lack of sufficient evidence, the allegation was unsubstantiated and no deficient practice was identified.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

As none of the complaints were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

  
MICHAEL A. CASE  
Health Facility Surveyor  
Non-Long Term Care

  
NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care